

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT						
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP
1	1							51			
2		1						52			
3								53			
4	1							54			
5		1						55			
6	1							56			
7								57			
8	1							58			
9	1							59			
10	1							60			
11	1							61			
12	1							62			
13		1						63			
14		1						64			
15		3						65			
16	1							66			
17	1							67			
18	1							68			
19		1						69			
20		1						70			
21	3							71			
22	3							72			
23	2							73			
24	3							74			
25	3							75			
26	3							76			
27	3							77			
28	3							78			
29	3							79			
30	3							80			
31	3							81			
32	3	3						82			
33		3						83			
34	2							84			
35	2							85			
36	2							86			
37	1							87			
38	1							88			
39		1						89			
40		1						90			
41		1						91			
42		1						92			
43		1						93			
44								94			
45								95			
46								96			
47								97			
48								98			
49								99			
50								100			
TOTAL IND.								TOTAL IND.			
TOTAL DEP.								TOTAL DEP.			
TOTAL CLAIMS								TOTAL CLAIMS			